



# Hospice Volunteer Application

V.02.15-KP

Thank you for your interest in becoming a Hospice Volunteer with Absolute Compassion, LLC.  
(Volunteer must be over the age of 18 years old.)

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

*Prior address if living at current address for only less than 5 years:*

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Are you currently enrolled in school? Y  N  *Institution:* \_\_\_\_\_

Are you currently employed? Y  N  Full Time  Part Time

<b>Employment History:</b>	<b>Dates:</b>	<b>Duties:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What Volunteer experiences have you had? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your educational experiences (i.e. schools, colleges, degrees, technical training):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you like to do for personal interest, hobbies, and activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you experienced a loss or major lifestyle change in the last year? Y  N

If yes, please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any training or classes you have attended on death, dying, and/or bereavement (including Hospice Volunteer Training): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What personal or professional experiences have you had with the terminally ill or dying process? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your sources of emotional support? \_\_\_\_\_  
\_\_\_\_\_

Do those people close to you support your decision to be a hospice volunteer? Y  N

What is your understanding of Hospice Care and the role of the Hospice Volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your motivation for becoming a Hospice Volunteer at this time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the relationship, if any, between your spiritual beliefs and your interest in being a Hospice Volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is your regular source of transportation?** \_\_\_\_\_ Do you have a valid DL? Y  N

**Driver's License Number:** \_\_\_\_\_ Do you have Current Auto Insurance? Y  N



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Have you ever been convicted of a felony? Y  N

Do you speak any language other than English? Y  N  , please specify: \_\_\_\_\_

On the average, how many hours per week would you be interested in volunteering? \_\_\_\_\_

Times available for Volunteer work: Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

Type of Volunteer work preferred:  Patient/Family  Bereavement  Office Support

Assisted Pet Therapy  On-call errands/transportation  others: \_\_\_\_\_

Is there any additional information about yourself that you would like to share regarding your interest in Hospice or your ability to be a Hospice Volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list 3 people for character reference not related to Hospice program affiliation:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date